

EFFECT OF NARROW BAND ULTRAVIOLET B ON THE SERUM LEVEL OF 25-HYDROXYVITAMIN D IN VITILIGO PATIENTS

Sameh Mohamed Kamal Attia¹, Asmaa Ramadan Ali Morsi¹

¹Dermatology and Venereology Department, Faculty of Medicine, Minia University, Egypt

Corresponding Author : **Asmaa Ramadan Ali Morsi**

Email: asm10387@gmail.com

ABSTRACT

to evaluate the serum level of 25-hydroxy vitamin D in patients with vitiligo before and after NB-UVB therapy and correlation of this with re-pigmentation in vitiligo patients.

I- Introduction

Vitiligo is a common acquired depigmentation of the skin and mucous membrane, caused by melanocyte loss of function. It is characterized classically with well-confined hypopigmented macules and/or patches. This can affect any part of the body and leads to great impact on the patients' quality of life. [1]

Many theories tried to explain the pathogenesis of vitiligo; including melanocyte destruction (due to autoimmune disorders, cytotoxic mechanisms, and an intrinsic melanocyte defects), oxidant-antioxidant imbalance and neural mechanisms. However, the exact etiology is still unclear[2]. In the last years, there is a growing interest regarding the role of vitamin D3 in the pathogenesis of vitiligo and also the potential role of vitamin D3 in the treatment of vitiligo[3]

Available data proposes that vitamin D3 is a potent immunosuppressive; and hypovitaminosis D may be associated with many autoimmune disorders including vitiligo. However, we do not know the exact cause of low vitamin D3 in patients with autoimmune diseases[4]

Vitamin D controls the activation, proliferation, and migration of melanocytes by increasing melanogenesis and the tyrosinase content of cultured human melanocytes through its antiapoptotic effect and also decreases the autoimmune damage of melanocytes by modulating T-cell activation[5]

Narrow band ultraviolet B has become an important therapy for vitiligo since first introduced by Westerhof and Nieuweboer-Krobotova in 1997. The mechanism of action of NB-UVB in vitiligo is by suppression of the immune system and stimulation of melanocyte proliferation in the skin and the outer root sheath of hair follicles[6]

Exposure of skin to sunlight (mainly UVB) contributes to over 90% of the serum concentration of 25-Hydroxy vitamin D in the human body[7]

the level of serum vitamin D3 level was significantly higher among vitiligo patients at 12 weeks after NB-UVB therapy (20.87 ± 15.08) compared to the pre-treatment mean of (14.69 ± 14.05); p value < 0.001 . [8].

Regarding the vitamin D difference post-treatment in our study, we found that the majority of cases (90%) showed improved vitamin D level after treatment. Regarding VASI score, we found that VASI score improved from a mean of around 9 before treatment to as less as 7.125 after treatment. This improvement was highly significant statistically (p value = < 0.001). [9]

Our results are in agreement and support of many previous studies that found an increase in the levels of vitamin D3 by treatment with NB-UVB [10, 11]

The VASI scores improved significantly with the rise in the cumulative dose of NB-UVB. [12-14]

II- Conclusion

Cumulative doses of NB-UVB treatment may correct the low vitamin D3 levels among patients with vitiligo, subsequent potential role of NB-UVB-induced repigmentation.

III- References

- .1 Ibrahim, H., et al., *Effect of narrow-band ultraviolet B on the serum of 25-hydroxyvitamin D in vitiligo patients*. Journal of cosmetic dermatology, 2018. **17**(5): p. 911-916.
- .2 Alnooshan, A.A., et al., *Effect of narrowband ultraviolet B therapy on serumvitamin D in Saudi patients with vitiligo*. J Pharmacovigilance, 2016. **4**(198): p. 2.
- .3 Sehrawat, M., et al., *Correlation of vitamin D levels with pigmentation in vitiligo patients treated with NBUVB therapy*. International Scholarly Research Notices, 2014.2014 .
- .4 Ersoy-Evans, S., *Commentary: Vitamin D and autoimmunity: Is there an association?* Journal of the American Academy of Dermatology, 2010. **62**(6): p. 942-944.
- .5 Parsad, D. and A. Kanwar, *Topical vitamin D3 analogues in the treatment of vitiligo*. Pigment cell & melanoma research, 2009. **22**(4): p. 487-488.
- .6 Njoo, M., et al., *Nonsurgical repigmentation therapies in vitiligo: meta-analysis of the literature*. Archives of dermatology, 1998. **134**(12): p. 1532-1540.
- .7 LoPiccolo, M.C. and H.W. Lim, *VitaminD in health and disease*. Photodermatol Photoimmunol Photomed, 2010. **26**(5): p. 224-9.
- .8 El-hanbuli, H.M., N.M. Dawoud, and R.H. Mahmoud, *Narrow-band UVB effects on cutaneous vitamin D receptor expression and serum 25-hydroxyvitamin D in generalized vitiligo*. Photodermatology, photoimmunology & photomedicine, 2018. **34**(3): p. 175-183.
- .9 Lim, H.W., et al., *Commentary: A responsible approach to maintaining adequate serum vitamin D levels*. Journal of the American Academy of Dermatology, 2007. **57**(4): p. 594-5.95
- .10 Awad, S.M., et al., *Effect of narrowband ultraviolet B phototherapy on serum vitamin D levels in patients with vitiligo*. Journal of the Egyptian Women's Dermatologic Society, 2016. **13**(1): p. 37-42.
- .11 Al-Mutairi, N. and D. Shaaban, *Effect of narrowband ultraviolet B therapy on serum vitamin D and cathelicidin (LL-37) in patients with chronic plaque psoriasis*. Journal of Cutaneous Medicine and Surgery, 2014. **18**(1): p. 43-48.
- .12 Nicolaidou, E., et al., *Narrowband ultraviolet B phototherapy and 308-nm excimer laser in the treatment of vitiligo: a review*. Journal of the American Academy of Dermatology, 2009. **60**(3): p. 470-477.
- .13 Kumar, Y.H.K., et al., *Evaluation of narrow-band UVB phototherapy in 150 patients with vitiligo*. Indian Journal of Dermatology, Venereology, and Leprology, 2009. **75**(2): p. 162.
- .14 Brazzelli, V., et al., *Critical evaluation of the variants influencing the clinical response of vitiligo: study of 60 cases treated with ultraviolet B narrow-band phototherapy*. Journal of the European Academy of Dermatology and Venereology, 2007. **21**(10): p. 1369-1374.